

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/547021

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED				AFTER 1 ST AMENDMENT				AFTER 2 ND AMENDMENT				AFTER 3 RD AMENDMENT			
	IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.		DEP.	
1	/												51			
2	/												52			
3		/											53			
4		/	/										54			
5		/	/										55			
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42													92			
43													93			
44													94			
45													95			
46													96			
47													97			
48													98			
49													99			
50													100			
TOTAL IND.	2												TOTAL IND.			
TOTAL DEP.	36															
TOTAL CLAIMS	38												TOTAL DEP.			